

**HOSPITALS RATE AGREEMENT**

EIN: 1362174823A1

DATE: 04/13/2020

## ORGANIZATION:

FILING REF.: The preceding  
agreement was dated  
05/13/2019Rush University Medical Center  
600 South Paulina St., Suite 202  
Chicago, IL 60612

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

**SECTION I: INDIRECT COST RATES**

RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)
-------------	-------	-------	---------------------	-----------------------

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2017	06/30/2021	57.00	On Site	Organized Research
PRED.	07/01/2017	06/30/2021	30.80	On Site	Other Sponsored Activities
PRED.	07/01/2017	06/30/2021	26.00	Off Site	All Programs
PROV.	07/01/2021	06/30/2024			Use same rates and conditions as those cited for fiscal year ending June 30, 2021.

\*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission and student support costs (e.g., student aid, stipends, dependency allowances, scholarships, fellowships).

ORGANIZATION: Rush University Medical Center

AGREEMENT DATE: 4/13/2020

---

---

**SECTION I: FRINGE BENEFIT RATES\*\***

---

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2019	6/30/2020	25.90	All	All Employees
FIXED	7/1/2020	6/30/2021	20.90	All	All Employees
PROV.	7/1/2021	6/30/2024			Use same rates and conditions as those cited for fiscal year ending June 30, 2021.

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: Rush University Medical Center

AGREEMENT DATE: 4/13/2020

---

---

**SECTION II: SPECIAL REMARKS**

---

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

FRINGE BENEFITS:

FICA  
Retirement  
Disability Insurance  
Worker's Compensation  
Life Insurance  
Unemployment Insurance  
Health Insurance  
Child Care Subsidy  
Tuition Remission  
Dental Insurance  
Fitness Center Subsidy

\*This Rate Agreement reflects new Fringe Benefits Rates only.\*

The next fringe benefit proposal based on actual cost for the fiscal year ending 6/30/2020, is due by 12/31/2020.

The next indirect cost proposal based on actual costs for the fiscal year ending 06/30/2020, is due by 12/31/2020.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

ORGANIZATION: Rush University Medical Center

AGREEMENT DATE: 4/13/2020

**SECTION III: GENERAL****A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

ON BEHALF OF THE FEDERAL GOVERNMENT:

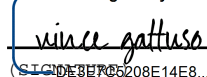
Rush University Medical Center

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(INSTITUTION)

(AGENCY)

DocuSigned by:




(SIGNATURE)

(SIGNATURE)

Vince Gattuso

Arif Karim

(NAME)

(NAME)

Interim Chief  
& Business  
officer

Director, Cost Allocation Services

(TITLE)

(TITLE)

4/15/20

4/13/2020

(DATE)

(DATE) 5813

HHS REPRESENTATIVE:

Matthew Dito

Telephone:

(214) 767-3261